



DHHS SWIMMING POOLS  
PO Box 98922, Lincoln, NE 68509-8922  
Phone: 402-471-0903 – FAX: 402-471-6436  
Email: DHHS.drinkingwater@nebraska.gov  
24-Hour Emergency Contact #402-525-6601

**SWIMMING POOL ACCIDENT REPORT**

**The pool owner or the Nebraska swimming operator must immediately notify the Department at 402-525-6601 of any drowning or near drowning. This report must then be completed and returned to the Department.**

**Any accident occurring on the pool premises requiring hospitalization or medical treatment must be reported within 24 hours by completing and submitting this form to the Department.**

***Please Print Legibly***

Date of Accident:		Time of Accident:			
Name of Victim(s):					
Name of Pool/Spa:				Permit Number:	
Pool Address:	Street:				
	City:	State: NE	Zip:	County:	
Area of Pool Where Accident Occurred:					

Nebraska Swimming Pool Operator(s) on Duty	Certificate of Competency Number

Lifeguards on Duty (if applicable)	

Description of Accident (use additional pages if necessary):

Report Made By (Print/Type Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_